

ER 399543445 US

PTO/SB/01 (10-01)

Approved for use through 10/31/2002. OMB 0651-0032

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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

☒ Declaration Submitted with Initial Filing      OR      ☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

**Attorney Docket Number** ARCH1CON

**First Named Inventor** MILLER

**COMPLETE IF KNOWN**

**Application Number** N/A

**Filing Date** 07/03/2003

**Art Unit** N/A

**Examiner Name** N/A

**As the below named inventor, I hereby declare that:**

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Apparatus and Method for Effecting Correspondent-Centric Electronic Mail

(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) 12/06/1999 as United States Application Number or PCT International

Application Number 09/269,587 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

**Burden Hour Statement:** This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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**DECLARATION — Utility or Design Patent Application**

Direct all correspondence to: <input checked="" type="checkbox"/>		Customer Number or Bar Code Label		34482		OR <input type="checkbox"/> Correspondence address below	
Name							
Address							
City				State		ZIP	
Country			Telephone			Fax	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.							
NAME OF SOLE OR FIRST INVENTOR :				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Stephen S.				Miller			
Inventor's Signature				Date		7/3/03	
Residence: City		State		Country		Citizenship	
Pasadena		CA		USA		US	
Mailing Address							
545 S. Los Robles, #7							
City		State		ZIP		Country	
Pasadena		CA		91101		USA	
NAME OF SECOND INVENTOR:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
See supplemental page							
Inventor's Signature				Date			
Residence: City		State		Country		Citizenship	
Mailing Address							
City		State		ZIP		Country	
<input checked="" type="checkbox"/> Additional inventors are being named on the 2 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.							

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**DECLARATION****ADDITIONAL INVENTOR(S)**

Supplemental Sheet

Page 3 of 4

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name	Mohammed	Family Name or Surname	Shaan
Inventor's Signature			Date 7/3/2003
Residence: City	New York	State NY	Country USA
Citizenship Egyptian			
Mailing Address 184 Thompson St #2R			
Mailing Address			
City	New York	State NY	ZIP 10012
Country USA			
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name			
Family Name or Surname			
Inventor's Signature			Date
Residence: City		State	Country
Citizenship			
Mailing Address			
Mailing Address			
City		State	ZIP
Country			
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name			
Family Name or Surname			
Inventor's Signature			Date
Residence: City		State	Country
Citizenship			
Mailing Address			
Mailing Address			
City		State	ZIP
Country			

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PTO/SB/02A (10-00)

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<b>DECLARATION</b>	<b>ADDITIONAL INVENTOR(S)</b> <b>Supplemental Sheet</b> Page <u>4</u> of <u>4</u>
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name <u>LEWIS</u>		Family Name or Surname <u>ROSS</u>	
Inventor's Signature <u>[Signature]</u>		Date <u>07/03/03</u>	
Residence: City <u>WEST LAWRENCE</u>	State <u>NY</u>	Country <u>USA</u>	Citizenship <u>US</u>
Mailing Address <u>814 EMPIRE AVE.</u>			
Mailing Address			
City <u>WEST LAWRENCE</u>	State <u>NY</u>	ZIP <u>11691</u>	Country <u>USA</u>
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country

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FROM :

FAX NO. :6262821170

ER 399543445 US

Jul. 03 2003 01:30PM P1

PTO/SB/81 (06-03)

Approved for use through 11/30/2005. OMB 0651-0035

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**POWER OF ATTORNEY  
and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

Application Number	Not Yet Assigned
Filing Date	July 3, 2003
First Named Inventor	Miller
Title	Method and Apparatus for Effecting
Art Unit	
Examiner Name	
Attorney Docket Number	ARCH 2 CON

I hereby appoint:

☒ Practitioners at Customer Number:

34482

OR

☐ Practitioner(s) named below:

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Name	Registration Number

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State

Zip

Country

Telephone

Fax

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Name	Stephen S. Miller		
Signature	<i>Stephen S. Miller</i>		
Date	7/3/03	Telephone	626-590-8908

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 3 forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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**POWER OF ATTORNEY  
and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

Application Number	Not Yet Assigned
Filing Date	July 3, 2003
First Named Inventor	Miller
Title	Method and Apparatus for Effluents
Art Unit	
Examiner Name	
Attorney Docket Number	ARCH 1 CON

I hereby appoint:

☒ Practitioners at Customer Number:

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OR

☐ Practitioner(s) named below:

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Name	Registration Number

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Address

Address

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State

Zip

Country

Telephone

Fax

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Name	Mohammed Shaban
Signature	<i>Mohammed Shaban</i>
Date	7/3/2003
Telephone	917-270-3910

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ \*Total of 3 forms are submitted.

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PTO/SB/01 (08-03)

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and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

Application Number	Not Yet Assigned
Filing Date	July 3, 2003
First Named Inventor	M. Her
Title	Method and Apparatus for Effector
Art Unit	
Examiner Name	
Attorney Docket Number	ARCH.2 CON

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☒ Practitioner(s) of Customer Number

OR

☐ Practitioner(s) named below:

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Name	Registration Number

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Address

City

State

Zip

Country

Telephone

Fax

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/06)

SIGNATURE of Applicant or Assignee of Record

Name LEWIS E. ROSS

Signature *L. E. Ross*

Date July 3, 2003

Telephone (718) 868-2885

NOTE: Signatures of all the inventor(s) or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 3 forms are submitted.

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